

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039484

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 219 Primary Registration District No. _____ Registrar's No. 38

FILED OCT 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0640
2 28120
3 2
4 2
5 9
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7 0
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11 064
12 91-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>1 1/2 Mile East of Taylor, Mo.</u>		c. CITY OR TOWN <u>Quincy</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mile East of Taylor, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>916 Chestnut</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Virgil</u> Last <u>Minter</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 26, 1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>46</u>
11. BIRTHPLACE (City and state or country) <u>Shelbyville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lee Minter</u>		13b. MOTHER'S MAIDEN NAME <u>Vergie Ann Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mr & Mrs. William L. Minter Hannibal, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Laceration of brain</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
DUE TO (b) <u>Fractured skull</u>		<u>immediate</u>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of right neck of femur</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Driving a car involved in head on collision.</u>	
20c. TIME OF INJURY Hour <u>11:30</u> AM/PM <u>p.m.</u> Month, Day, Year <u>9 29 62</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 32</u>	
20e. CITY, TOWN, OR LOCATION <u>1 1/2 east of Taylor</u>		20f. COUNTY <u>Marion</u>	
20g. STATE <u>Mo</u>		20h. ADDRESS <u>Hannibal Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Verny H Sweets Jr MD Coroner</u>	
22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>9 30 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 4, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROBINSON CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Geo E Roberts Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. J. Lude, Jr V. New Deputy</u>

STATEMENT-BY-LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George E. Roberts
George E. Roberts

Licensed Embalmer No. 2113

P.O. Address Hannibal, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.